

Advocacy, Support For Resources, And The Role Of Community Leader Toward Mother's Attitude on Exclusive Breastfeeding Program

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ORIGINAL RESEARCH

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**ADVOCACY, SUPPORT FOR RESOURCES, AND THE ROLE
OF COMMUNITY LEADER TOWARD MOTHER'S
ATTITUDE ON EXCLUSIVE BREASTFEEDING PROGRAM**

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1 **ABSTRACT**

Background: Indonesia's Health Law No. 36 year 2009 Section 128 states that every baby has the right to exclusively breastfed from birth for six months. The law also stipulates that during breastfeeding, the family, the government, local governments, and public should support mothers with the provision of time and special facilities.

Objective: This study aims to analyse factors related to exclusive breastfeeding program, especially indicators that can explain advocacy to stakeholders, support for resources and the role of community leader toward mother's attitude on exclusive breastfeeding program.

Methods: It was a quantitative study employed a cross-sectional approach and involved 185 mothers in Sleman district who have children aged 6-12 months.

Results: Written support in the form of decree significantly contributed to the formation of advocacy factors conducted by exclusive breastfeeding program manager to the village stakeholders, whilst the provision of infrastructure and village fund did not support in creating factor of advocacy. The support from resources and the role of community leader can contribute the provision of infrastructure around 54% whilst mothers' attitudes toward exclusive breastfeeding devoted a great share to mother's practice.

Conclusion: Advocacy for exclusive breastfeeding to the village stakeholders is expected to contribute in the form of written support (decree), providing the fund from the village budget, and providing the infrastructure. The support from resources and the role of community leaders influence advocacy and attitude of mothers on exclusive breastfeeding.

Key words: Advocacy, community leader, Attitude, Exclusive Breastfeeding Program

INTRODUCTION

Indonesia's Health Law No. 36 year 2009 Section 128 states that every baby has the right to exclusively breastfed from birth for six months, unless medically indicated. Furthermore, the law also stipulates that during breastfeeding, the family, the government, local governments, and public should support baby's mother fully with the provision of time and special facilities. The Government has responsibility to provide policies in order to ensure the right of infants to exclusively breastfed.¹

The success of health development in achieving strategic objectives and targets is largely determined by the success in creating and preserving health oriented behaviour of the people, including exclusive breastfeeding². Basic health research reported, the number of Indonesian women who exclusively breastfed their babies declined from 60 percent in 2010 to 40 percent in 2013.³

Studies found, support from family and community is very important to the initiation and sustainability of breastfeeding. Family members are expected to be well-informed in order to support mother to breastfeed properly⁴⁻⁶ whilst the community may support the mothers by providing support group for improving breastfeeding experience.⁷

Yogyakarta was selected as the study site because Yogyakarta District Health Office has carried out a program in order to improve breastfeeding coverage. The program comprised of providing health education, facilitating lactation in health services and forming breastfeeding support group in every village. Moreover, the program also designed local regulations and tools to monitor and evaluate the breastfeeding coverage. Nevertheless, the program is challenged by limited human resources such as the number of trained counsellors or facilitators for breastfeeding

support group. Not only the quantity, the quality of counsellors sometimes is lacking of creativity and drives the participants to boredom.^{8,9}

Apart from limited resources in Yogyakarta, the program is also challenged by the cultural practice or custom where grandmother or parents/parents in-law applying honey or date into baby's mouth soon after birth. This common practice is based on Muslim teaching who believed that applying sweet such as honey or date to baby's mouth will keep the baby warm and prevent them from hypoglycaemia.¹⁰ Inadequate information related breastfeeding might prevent mothers from breastfeeding. Coupled with lack of family and community supports, many mothers quit breastfeeding and turn to formula milk because they feel their breast milk is insufficient for their baby.^{4,5,11,12}

This study aims to analyse factors related to exclusive breastfeeding program, especially indicators that can explain advocacy to stakeholders, support for resources and the role of community leader toward mother's attitude on exclusive breastfeeding program.

METHODS

It was a quantitative study employed a cross-sectional approach where independent and dependent variables were measured at the same period. Population of the study was all mothers in Sleman district who have children aged 6-12 months. Sample was driven proportionally after being clustery randomized with inclusion criteria: mothers aged 20-35 years old, having 6 to 12 months infant, gave birth at health care service (not home birth), able to communicate, willing to participate, having 1-3 children, completed junior high school, normal child births or SC, and residing in Sleman district. Mothers who were seriously ill and gave

birth to babies with disabilities will be excluded from the study. Totally, 185 respondents from 17 sub-districts and 87 villages in Sleman district were involved in the study.

The study has already been approved by ethical committee of Universitas Aisyiyah Yogyakarta with reference number 02/Kep-SAY/II/2016. Variables being observed in this study comprised of exogen variables such as mother's responses toward advocacy of stakeholders, support of resources and the role of community leader in exclusive breastfeeding program in the village. Whilst endogen variables refer to mother's attitudes towards exclusive breastfeeding program (Y1) which consisted of: (1) breastfeeding practice evaluation, (2) recognize mother's own health, (3) confidence, (4) breastfeeding support for mother and baby, (5) breastfeeding optimization for mother and baby during breastfeeding, (6) exclusive breastfeeding for the first 6 months of life, and (7) optimal infant feeding.

Advocacy from program manager to stakeholders in the village who are in-charged in exclusive breastfeeding program is seen from respondents' view as an evaluative response, which can be negative or positive (agree/disagree) towards support from the government as the responsibility of the government in implementing the national policy on exclusive breastfeeding program. The

support of resources and the role of community leaders are needed in order to achieve an increase of support for the success that can influence the attitudes of mothers toward exclusive breastfeeding practice.

RESULTS

Advocacy from program manager to village stakeholders

An advocacy to village stakeholders can be defined as successful program with three indicator criteria: (1) written support in the form of decree, (2) provision of infrastructure, (3) village fund. The amount of contribution factors of advocacy towards the indicators can be seen in measurements equations and covariance matrix. Table 1 shows parametric value on the same measurement for every indicator.

With variant error value 1.90 and total variance 4.23, advocacy of exclusive breastfeeding program manager to the village stakeholders can explain the variance of written support in the form of decree. With value of $R^2 = 0.55$, advocacy can contribute written support in the form of decree around 55%, which implies that advocacy is an important factor in breastfeeding program. It is expected, advocacy will be further followed by implementation of local regulation that support breastfeeding program such as longer maternity leave.

Table 1. Summary measurement equation and advocacy in exclusive breastfeeding program to village stakeholders (midwives)

| Variable | Indicator | Error variance | R^2 | Total variance |
|---|---------------------------------------|----------------|-------|----------------|
| Advocacy on exclusive breastfeeding program | Written support in the form of decree | 1.90 | 0.55 | 4.23 |
| | Provision of infrastructure | 3.53 | 0.01 | 3.59 |
| | Village fund | 2.26 | 0.12 | 2.58 |

The statistical analysis showed variance error for the provision of infrastructure at 3.53, which is lower than total variance 3.59. It means the program manager advocacy on exclusive breastfeeding program can explain variance in the provision of adequate infrastructure. The value of $R^2 = 0.01$ means advocacy of exclusive breastfeeding to village stakeholders may contribute the provision of infrastructure about 1%. Although this contribution is low, yet the provision of infrastructure for community is important to be held as the access to health service may enhance the quality of service provide for the community.^{13,14}

As well as the provision of infrastructure, variance error of village fund also shows a value lower than the total variance 3.59 and R^2 value of 0.01, which mean advocacy that is conducted by the program manager of breastfeeding can explain and contribute about 1 percent the variance of village fund. This implies, although the contribution is low, but village fund is necessary to support the exclusive breastfeeding program.

From the three indicators, written support in the form of decree significantly contributed to the formation of advocacy factors conducted by exclusive

breastfeeding program manager to the village stakeholders, whilst the provision of infrastructure and village fund did not support in creating factor of advocacy because the loading factor for each indicator was only -0,1 and 0.35. The significance of indicators in supporting the formation of factor can be seen from comparison of the predetermined value between loading factor and value of standard solution. Coefficient of loading factor less than 0.5 showed less significant support in the formation of factor. However, these indicators cannot be thrown away because these indicators need to be improved in order to have higher contribution in forming advocacy factor.

Resources factors and the role of community leader

The resources and the role of community leaders comprised of three indicators: (1) facilities and infrastructures, (2) motivations, and (3) actions. Resources and the roles of community leaders toward the indicator can be seen in measurement quotation and covariant matrix. Summary of the analysis are presented in the Table 2.

Table 2. Summary of quotation measurement and support of resources and the role of community leader

| Variable | Indicator | Error variance | R^2 | Total Variance |
|---|-------------------------------|----------------|-------|----------------|
| Support of resources and the role of community leader | Facilities and infrastructure | 1.83 | 0.54 | 4.00 |
| | Motivation | 4.43 | 0.29 | 6.42 |
| | Actions | 1.73 | 0.16 | 2.06 |

The supports from resources and the roles of community leader can contribute the provision of infrastructure around 54%, shown by the value of variance error (1.83) lower than the total variance (4.00) and R-square equals to 0.54. Likewise, it can also explain motivation adequately by

showing the value of error variance 4.43, lower from total variance 6.42 and R-square 0.29. With R-square value of 0.16, support from resources and the role of community leaders can contribute to the action around 16%.

Mother's attitude factors toward exclusive breastfeeding

Attitudes of mothers toward exclusive breastfeeding have seven indicators, namely: (1) breastfeeding practice evaluation, (2) recognizing mother's own health (3) confidence, (4) breastfeeding support for mother and baby, (5) breastfeeding optimization for mother and baby during breastfeeding, (6) exclusive breastfeeding for the first 6 months of life, and (7) optimal infant feeding. Mother's attitude factors toward exclusive breastfeeding against the indicator can be seen in equivalent measurement and matrix covariance as presented in the Table 3.

With a value of error variance at 1.80 (lower than total variance 1.99) and $R^2=0.10$, mother's attitudes toward exclusive breastfeeding may contribute ideas, material and human resources

around 10% as a part of breastfeeding practice evaluation. Although the contribution is considered low, but evaluation is necessary to ensure breastfeeding practice will gain its optimum benefit both for mother and child.

Likewise, mother's recognition of her own health also contributes to mother's attitudes toward breastfeeding. With the value of error variance is 5.32, lower than to the total variance (at 7.36) and also the value of $R^2 = 0.28$, mother's attitudes toward exclusive breastfeeding can contribute in the recognition of mother's own health around 28%. Although low, mother's attitude toward breastfeeding also contributes to mother's confidence in breastfeeding practice. With the R^2 value only 0.01, mother's attitude can only explain the formation of mother's confidence about 1%.

Table 3. Summary of equivalent measurement of mother's attitude towards exclusive breastfeeding

| Variables | Indicators | Error variance | R^2 | Total variance |
|---|---|----------------|-------|----------------|
| Mother's attitudes toward exclusive breastfeeding | Evaluation | 1.80 | 0.10 | 1.99 |
| | Recognition to mother's own health | 5.32 | 0.28 | 7.36 |
| | Self confidence | 2.35 | 0.01 | 2.39 |
| | Breastfeeding support for mother and baby | 2.16 | 0.19 | 2.66 |
| | Breastfeeding optimization for mother and baby during breastfeeding | 1.23 | 0.33 | 1.84 |
| | Exclusive breastfeeding for the first 6 months of life | 1.97 | 0.65 | 5.65 |
| | Optimal infant feeding | 2.28 | 0.07 | 2.44 |

As it has been reported widely, support to mother and baby during breastfeeding is a strong predictor of breastfeeding practice. This study confirmed that mother's attitude towards exclusive breast-feeding can contribute to the variable of support for mother and baby around 33%. Mothers' attitudes toward exclusive breastfeeding devoted a great share to mother's practice. With the

value of error variance at 1.97, lower than total variance (5.65) and the value of $R^2 = 0.65$, mother's attitudes toward exclusive breastfeeding can contribute to the practice of exclusive breastfeeding in the first six months around 65%.

The relationship of advocacy to village stakeholders and support from resources and the role of community leader

Results of the analysis showed that there was a positive and significant relationship between advocacy from program manager of exclusive breastfeeding to the village stakeholders and support from resources and the role of community leader. According to Rogers, new ideas, products and social practices spread within a community or society to another. Human resources and the role of community leaders have an important position in the development not only as a manager and agents of development but development itself must be able to provide benefits and improved the lives of human welfare. Therefore the most important development success is the quality improvement so the existence of advocacy which is measured in human development index is considered as necessary.¹⁵

DISCUSSIONS

Breastfeeding program in Indonesia remains a problem. During the past decade, breastfeeding coverage in many places has not been able to be maintained at national standard's level. Studies found, many factors influence mothers to breastfeed comfortably, including family, government and community supports. At the macro level, the Indonesia's government has already published several regulations and laws related to breastfeeding, but the implementations are lacking. Although it has been stipulated clearly in the Indonesian Regulation No 33 year 2012 regarding 6 months exclusive breastfeeding, Health constitution number 36 year 2009, and Law No. 13 of Article 83 year 2003 on Labor, the implementation of 6 months maternity leave has not yet satisfying. Although this article can be used as a strong foundation of jurisdiction and constitutional of 6 months maternity leave, nevertheless,

many companies and working places have not complied with the regulation.

At the micro level, maternal psychological factors, factors from the baby itself, environmental factors, and factors of breast abnormalities are the factors affecting exclusive breastfeeding. Mother's attitudes toward breastfeeding are one of the important factors that should be addressed in the attempts to improve breastfeeding outcomes. In many cases, mothers failed to breastfeed exclusively because of psychological factors that inhibits the breast milk production. The findings of the study found that confidence is needed to increase the mother's attitude toward exclusive breastfeeding. Mother's confidence can be improved from appreciation of mother's responsibilities to breastfeed the baby, and mother's satisfaction knowing that she can fulfil her baby's need. Improving mothers' knowledge towards exclusive breastfeeding also necessary since previous studies found unmarried mothers and mothers who do not have access to health facilities are less likely to breastfeed due to their poor knowledge about infant care and infant feeding.^{6,16} Improving mother's attitudes toward exclusive breastfeeding were also found as contributing factor that improves breastfeeding practice. Supports from peer, health professional and accessibility to services for breastfeeding mothers are the major factors that may improve mother's attitudes toward exclusive breastfeeding.¹⁷

Optimal infant feeding is also associated to mothers' attitudes toward breastfeeding. Although it can be considered as low support, the contribution of mothers' attitudes toward exclusive breastfeeding to optimal infant feeding is important to ensure calorie needs can be met for the first six months of exclusive breastfeeding.¹⁸ Studies found the calorie content of the breast milk starts from 17

kcal / Oz in the colostrum stage and increased by time more than two weeks as a change from colostrum to mature milk and calorie content increases to 2,000 kcal / Oz. Moreover, milk fat is the main source of energy, which provides about half of the calories from breast milk. Fat in breast milk is easily digested because it is formed from droplets of triglycerides. The main carbohydrate⁹ in human milk is lactose (98%) that can be quickly broken down into glucose. Lactose is very important for brain growth and the growth of bifidus⁵ lactobacillus providing 40-45% of energy breast milk, which is i¹⁹portant for the development of the central nervous system. During the first six months of breastfeeding, lactose concentrations increased by approximately 10%, to adapt to the growing need of the newborn.^{5,11,19}

Mothers' attitudes toward breastfeeding were also determined by mother's occupation. This study found, the most common reason for early weaning is mother's occupation.²⁰ It was also found, the likelihood to breastfeed is⁵ higher among unemployed mothers and mothers who have infants aged less than six months. This implies, occupation become the greatest barrier for mothers to breastfeed their babies. Unfriendly working hours and unavailability of breastfeeding services in the working place perhaps can be a starting point to improve the breastfeeding program⁴.

The success of a health program however, is often inhibited by the lack or absence of support from decision-makers both at national and local level. Due⁴ to lack of support, it causes low budget for health programs, lack of infrastructure, the absence of policies favourable to health. Advocacy as a persuasion effort includes activities, awareness, rationalization, arguments and recommendations for further action. Advocacy is the effort or process to obtain a commitment such as

written decree as a form of support, which made persuasively using information including the provision of timely and accurate budget. Government regulations or decree from the head of local institution, instructions or social acceptance letter, support of work systems that incorporate health service unit or health program within an agency or development sector including exclusive breastfeeding.

Local institution may contribute in the development of breastfeeding program by providing local regulations and facilities that support mothers to breastfeed exclusively. The present study found, advocacy might contribute about 55% to form local regulation as village stakeholder commitment. Advocacy may enhance the quality of health services provided for the community and also to provide village fund to support the exclusive breastfeeding program. Community leader is also a key person in successful breastfeeding program. Availability of resources and supports from community leader may result in the provision of facilities and infrastructures that is necessary for breastfeeding program. Community leaders also have the capabilities to actively promote the breastfeeding program by motivating community members to support mothers in breastfeeding practice. If the advocacy program successful, the local stakeholders and community leaders support the breastfeeding program, and the resources and facilities to breastfeed are provided, it is expected the exclusive breastfeeding coverage will be elevated.

1 CONCLUSION

Advocacy for exclusive breastfeeding from program manager to the village stakeholders (midwife) is expected to provide contribution to in the form of written support (decree), providing the fund from the village budget, and

providing the infrastructure. The support from resources and the role of community leaders influence advocacy and attitude of mothers on exclusive breastfeeding.

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